



**Department of the Treasury**  
Federal Law Enforcement Agencies  
**PROCESS RECEIPT AND RETURN**

<b>PLAINTIFF</b> UNITED STATES OF AMERICA		<b>COURT CASE NUMBER</b> 05-10203-RWZ	
<b>DEFENDANT</b> Mario Viana		<b>TYPE OF PROCESS</b> Preliminary Order of Forfeiture	
<b>SERVE AT</b>	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize Roger A. Cox		
	Address (Street or RFD / Apt. # / City, State, and Zip Code) 30 Main Street Ashland, MA 01721		
Send NOTICE OF SERVICE copy to Requester:  KRISTINA E. BARCLAY, ASSISTANT U.S. ATTORNEY UNITED STATES ATTORNEY'S OFFICE John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, Massachusetts 02210		Number Of Process To Be Served In This Case.	
		Number Of Parties To Be Served In This Case.	
		Check Box If Service Is On USA	
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.)  Please serve the attached Preliminary Order of Forfeiture upon the above name individual by certified mail return receipt requested.  NES x3280			
Signature of Attorney or other Originator requesting service on behalf of		<input checked="" type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Telephone No. (617) 748-3100
SIGNATURE OF PERSON ACCEPTING PROCESS:		Date June 14, 2006	
<b>SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY</b>			
I acknowledge receipt for the Total # of Process indicated.	District of Origin No. _____	District to Serve No. _____	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER:
Date			
I hereby Certify and Return That I <input type="checkbox"/> PERSONALLY SERVED, <input type="checkbox"/> HAVE LEGAL EVIDENCE OF SERVICE, <input checked="" type="checkbox"/> HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.			
<input type="checkbox"/> I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above:		<input type="checkbox"/> A Person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above.)		Date of Service	Time of Service <input type="checkbox"/> AM <input type="checkbox"/> PM
		PLEASE SEE REMARKS SECTION BELOW	
		Signature, Title and Treasury Agency Mary Lou Gilman, Forfeitures Specialist	
REMARKS:		U.S. Customs and Border Protection	
The above described Order was served by certified mail. Copy of certified mail form (7001 2510 0003 4299 9240) is attached. Mailed on June 28, 2006. Postal records indicate delivery/receipt on June 29, 2006.			

TD F 90-22.48 (6/96)

☐ RETURN TO COURT   ☐ FOR CASE FILE   ☐ LEAVE AT PLACE OF SERVICE   ☐ FILE COPY

U.S. Postal Service <b>CERTIFIED MAIL RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided)	
<div style="float: right; text-align: center;"> </div>	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	\$
<b>Sent To</b> Roger A. Cox Street, Apt. No., or PO Box No. 30 Main St. City, State, ZIP+4 Ashland, MA 01721	
PS Form 3800, January 2001 <span style="float: right;">See Reverse for Instructions</span>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature x <i>RCox</i> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span>
1. Article Addressed to:  Roger A. Cox 30 Main St. Ashland, MA 01721	B. Received by (Printed Name)  C. Date of Delivery 6/29/06
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label)	
PS Form 3811, August 2001 <span style="float: right;">Domestic Return Receipt</span>	

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102595-01-M-0381

